



2007 Conference for People with Disabilities
November 27-28,
Hyatt Regency, Downtown Indianapolis

Registration Form

Due on or before November 16. Scholarships Due October 22. Complete both sides if applicable.

Name (please print clearly for nametag) _____

Organization/ Position _____

Address _____ ☐ Home ☐ Work

City State ZIP: _____

Telephone (day) _____ Telephone (evening/cell) _____

E-mail: _____

Have you conducted a March Disability Awareness Month program/activity within the past two years?
☐ Yes ☐ No

Would you like to receive the Council E-Newsletter? ☐ Yes ☐ No ☐ Already receive

Mail this registration form with payment to: 2007 Indiana Conference for People with Disabilities, 150 W. Market St., Suite 628, Indianapolis, IN 46204. Make checks payable to: Sandy Kite Hunt, Conference 2007. No credit cards accepted.

INFORMATION (Please check all that apply.)

- ☐ I am applying for a scholarship. (Indiana SSI, SSDI or TANF recipients only. Please fill out both sides of this form.)
- ☐ I have an accommodation request. (Please complete the access requests section)

FEES (All fees are subsidized by the Governor's Council for People with Disabilities to ensure that all who want to attend have the means to do so. **Please check all that apply.**

____ Scholarship applicant — \$10 (Scholarship application fee covers meals and reception.)

____ A personal care assistant will accompany me — \$15

____ Nonprofessional Indiana resident with disabilities, and parents

- ☐ Both days — \$65 in advance, \$75 at the door
☐ Tuesday lunch ☐ Tuesday reception ☐ Wednesday lunch (Awards program)

- ☐ One day rate — \$50 in advance, \$65 at the door
☐ Tuesday only ☐ Wednesday only

____ Professional and all non-Indiana residents

- ☐ Both days — \$135 in advance, \$150 at the door
☐ Tuesday lunch ☐ Tuesday reception ☐ Wednesday lunch (Awards program)

- ☐ One day rate — \$80 in advance, \$95 at the door
☐ Tuesday only ☐ Wednesday only

- ☐ Wednesday lunch (awards program) only — \$55

TOTAL ENCLOSED \$_____

Scholarship Application

Due on or before October 22. Indiana SSI, SSDI or TANF recipients only. You will be notified about the scholarship within a week of returning this form.

(Please check all that apply.)

- ☐ I am requesting a scholarship for \$55 off the registration fee, including meals and the reception. **Applicant must pay \$10 for registration upon submitting request.** Checks will be returned if scholarship is not approved. Please complete the accommodation section, if appropriate.
- ☐ I (my child or other member of my household) am an SSI, SSDI or TANF recipient.

Applicant's Signature _____ Date _____

Hotel Overnight for Scholarship Recipients

NOTE: Only for scholarship recipients 50 miles or more outside of Indianapolis. Hotel reservations will be billed directly to the Council. Most accessible rooms will be provided by the Westin Hotel across the street. Scholarship recipients must share rooms (except in highly special circumstances).

- ☐ I require an accessible room. (Please do not request unless needed)
- ☐ I require a room equipped for a person with a hearing impairment.
- ☐ I require a room near the elevator.
- ☐ I CANNOT be assigned a roommate because: _____
- _____

Personal Care Assistant — The registration fee for a personal care assistant is \$15.

NOTE: People needing substantial assistance are asked to secure their own personal care attendants.

- ☐ Yes, a personal care assistant will accompany me to the Conference. (If yes, please include his or her contact information here.)

Name of personal care assistant _____

Mobile telephone number _____

- ☐ I am requesting personal assistance provided by the Council. Please describe assistance needed:

Access Requests

- ☐ I need wheelchair access. ☐ I need a sign language interpreter.
- ☐ I have a service animal(s). ☐ I need CART (Communication Access Real Time Translation)
- ☐ I need parking for a high-top van.
- ☐ I require printed conference materials in the following alternate format: _____
- ☐ I have dietary restrictions (please explain). _____
- ☐ Other requests (please explain) _____
- _____
- _____

For more information, call or e-mail Sandy Kite Hunt: (317) 786-7272 (voice and fax) (866) 786-7272
Toll-free (voice and fax) SKH4HOG@comcast.net (e-mail)